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	N FOR UTILITY OR	Attorney Docket Num	per 11307	113072.133 US1				
	ESIGN	First Named Inventor	med Mejri					
	APPLICATION	COMPLETE IF KNOWN						
(370	FR 1.63)	Application Number 10/572,921						
Declaration Submitted	X Declaration Submitted after Initial	Filing Date	March 21, 2006					
With Initial OR	Filing (surcharge	Art Unit	N/A .					
·	(37 CFR 1.16 (e)) required)	Examiner Name	Not Yet Assigned					
I hereby declare that		-						
Each inventor's residence	e, mailing address, and citizensh	ip are as stated below ne	xt to their name	) <b>.</b>				
I believe the inventor(s) n which a patent is sought	amed below to be the original at	nd first inventor(s) of the s	ubject matter w	hich is claimed and for				
	NERATION METHOD							
OO! IWARE GEN	REPATION WETHOD	•	•					
the energiant of the	(76	tle of the Invention)						
the specification of wh		•						
is attached hereto  OR								
x was filed on (MM/	(DD/YYYY) 03/21/2006	as United States	Application Nu	mber or PCT International				
Application Number	10/572,921 and	was amended on (MM/D	ואאאס	(if applicable).				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign or	iority honefite under 25 H.C.C.	110(0) (0) (0)	5(h) of any for	gion application/o) for patent				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)		Certified Copy Attached?				
2003-330772	Japan	09/22/2003	Not Claime	d YES NO				
PCT/JP2004/013855	WIPO	09/22/2004						
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.								
Additional foreign a	application numbers are listed or	n a supplemental priority o	lata sheet PTO	/SB/02B attached hereto.				

PTO/SB/01 (10-05)

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DECLARATION — Utility or Design Patent Application							
Direct all corre	Direct all correspondence to: X The address associated wo Customer N		24395		OR Correspondence address below		
Name							
Address		<del></del>					
City				State	ZIP		
Country	-	Telephone	18		Email		
WARNING:  Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.  I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and betief are believed to be true; and further that these statements were made with the knowledge that willful false statements may jeopardize the validity of the application or any patent issued thereon.  NAME OF SOLE OR FIRST INVENTOR:							
Given Name (first and midd	in lif and	Mohamed		Family Name or Surname	Mejri		
Inventor's Signature	M. Mejri (12)	, ,		U Sumamo	July, 4, 2006		
Residence: Cit	Quebec	State PQ	Canada		Citizenship Canada		
Mailing Address: C/o Computer Science Department Laval University							
City	Quebec	State PQ	Z <sub>Ip</sub> G1K 7P4 C		Country Canada		
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name Ktari			
Inventor's Signature Date July , 4, 2006							
Residence: City  Quebec		State PQ	Country Canada		Citizenship Canada		
Mailing Address: C/o Computer Science Department Laval University							
City				1K 7P4	K 7P4 Canada		
X Additional inventors or a legal representative are being named on the1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.							

PTO/SB/02A (09-04)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. ADDITIONAL INVENTOR(S) DECLARATION Supplemental Sheet Page\_ Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if any)) Family Name or Surname Hamido Fujita Inventor's Date June, 26. Signature. Kwate Japan Japan Residence: City Citizenship c/o Software and Information Science Department Mailing Iwate, Prefectural University Address: 152-52, Sugo, Takizawa 020-0193 **Iwate** Japan City State Zip Country Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if any)) Family Name or Surname Inventor's Signature Date Residence: City State Country Citizenship Mailing Address: City State Zip Country Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if any)) Family Name or Surname **Inventor's** Signature Residence: City State Country Citizenship Mailing Address: Ζŀρ Country Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if any)) Family Name or Surname Inventor's Signature Date Residence: City State Country Citizenship Malling Address:

City

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Country

State

PTO/SB/81 (01-08)
Approved for use through 12/31/2008. OMB 0551-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. **Application Number** 10/572,921 Filing Date March 21, 2006 POWER OF ATTORNEY First Named Inventor Mohamed Mejri **CORRESPONDENCE ADDRESS** SOFTWARE GENERATION METHOD INDICATION FORM Art Unit N/A Not Yet Assigned **Examiner Name** 113072.133 US1 Attorney Docket No. I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint: Practitioners associated with the Customer Number: 24395 OR · Practitioner(s) named below: Registration Registration Name Name Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number. OR Firm or Individual Name Address City State Zip Country Telephone Email I am the: x Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature M. Mejri Date July, 4, 2006 Name Mohamed Mejri Telephone Title and Company Inventor NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. \*Total of 3 forms are submitted.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS		Application Number		10/572,921					
		Filing Date		March 21, 2006					
		First Nar	First Named Inventor   Mohamed Mejri						
		Title	SOFTWA	RE GENERATION METHOD					
	INDIC/	ATION FORM	ŀ	Art Unit					
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<u> </u>				Attorney	Attorney Docket No. 113072.133 US1			1	
	hereby revoke	all previous powers	of attorney	given in the above-identified application.					
11	hereby appoint	r:							
X Practitioners associated with the Customer Number: 24395  OR									
	Practitioner	r(s) named below:							
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Assignee of record of the entire interest. See 37 CFR 3,71.  Statement under 37 CFR,3,73(b) is enclosed. (Form PTO/SB/96)									
<del> </del>	- Statement of				<i>PTO/SB/96)</i> Assignee of Re	rd			
Signa	ature		FOUR OF SAL	phoant o.	Assignee of A		15.00	2.26	
Name		Bechir Klari				lephone	Jay:	4,2006	
Title and Company Inventor			16	ерпопе			<del></del>		
NOTE: S	Signatures of all th	ne inventors or assignees	s of record of	the entire ir	iterest or their re	presentath	ve(s) are req	uired. Submit mu	tiple
Toms it more than one signature is required, see below.									
*Total of 3 forms are submitted.									

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JAN 1 9 2007

City State Zip  Country Telephone Email  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Name Hamido Fujita Telephone T31 - 19 - 574-25778  Title and Company Inventor  NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple.	1	L-	Application	n Number	10/5/2,921				
CORRESPONDENCE ADDRESS INDICATION FORM  Title SOFTWARE GENERATION METHOD  Art Unit N/A Examiner Name Not Yet Assigned Attorney Docket No. 113072.133 US1  I hereby revoke all previous powers of attorney given in the above-identified application.  I hereby appoint:    Practitioners associated with the Customer Number: 24395   OR     Practitioner(s) named below:    Practitioner(s) named below:    Practitioner(s) named below:    Practitioner(s) named below:    Name   Registration     Number   Name   Number     Please recognize or change the correspondence address for the above-identified application to:   The address associated with the above-mentioned Customer Number:   OR	DOWER OF ATTORNU	,_	Filing Date						
CORRESPONDENCE ADDRESS INDICATION FORM  Title SOFTWARE GENERATION METHOD  Art Unit N/A  Examiner Name Not Yet Assigned  Attorney Docket No. 113072.133 US1  I hereby revoke all previous powers of attorney given in the above-identified application.  I hereby appoint:  X Practitioners associated with the Customer Number:  QR  Practitioner(s) named below:  Registration Number  Name  Registration Number  Name  Registration Number  Name  Registration Number  Number  Registration Number  Regist		EY [	First Named Inventor		Mohamed Mejri				
INDICATION FORM  Art Unit N/A Examiner Name Not Yet Assigned Attorney Docket No. 113072.133 US1  I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint:	4								
Examiner Name   Not Yet Assigned   Attorney Docket No.   113072.133 US1			Title SOFTWA		RE GENERATIO	N METHOD			
Attorney Docket No. 113072.133 US1  I hereby revoke all previous powers of attorney given in the above-identified application.  I hereby appoint:    X	INDICATION FORM	L	Art Unit		N/A				
I hereby revoke all previous powers of attorney given in the above-identified application.  I hereby appoint:  X		L	Examiner Name		Not Yet Assign	ed			
I hereby appoint:    X						31			
I hereby appoint:    X	I hereby revoke all previous power	s of attorney g	iven in the	above-iden	tified application.				
Practitioner(s) named below:    Name									
Name    Registration   Name   Registration   Name   Registration   Number		the Customer I	Number:	2439	95				
Name Number Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR The address associated with Customer Number:    Firm or Individual Name   Individual Nam	Practitioner(s) named below:								
Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City  State  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Name  Hamido Fujita  Telephone  Date  Telephone	Name			Nan	ne	Registration Number			
Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City  State  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Name  Hamido Fujita  Telephone  Date  Telephone									
Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City  State  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Name  Hamido Fujita  Telephone  Telephon									
The address associated with the above-mentioned Customer Number:  The address associated with Customer Number:  The address associated with Customer Number:  Firm or Individual Name  Address  City State Zip Country Telephone Email  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature Hamido Fufita Telephone t3(-(4-614-25778)  Title and Company Inventor  NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Patent and Trademark Office connected th	cute the applicat lerewith.	ion identific	d above, and	to transact all busine	ess in the United States			
Address  City State Zip  Country Telephone Email  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature Date June, 26, 2006  Name Hamido Fujita Telephone t31-19-694-25778  Title and Company Inventor  NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number								
City State Zip  Country Telephone Email  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature Date Juna 26 Juna 6  Name Hamido Fujita Telephone 181 - 19 - 694 - 25778  Title and Company Inventor  NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple looms if more than one signature is required, see below*.									
I am the:    X   Applicant/Inventor.     Assignee of record of the entire interest. See 37 CFR 3.71.     Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)     SIGNATURE of Applicant or Assignee of Record     Signature   June   June   June     Name   Hamido Fujita   Telephone   Telep	Address								
Telephone   Email	City	State	T		Zip				
Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Name  Hamido Fujita  Telephone  Title and Company  Inventor  NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Country		19						
Name Hamido Fujita Telephone 181 - 19 - 694 - 2578  Title and Company Inventor  NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple lorns if more than one signature is required, see below.	X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
Name Hamido Fujita Telephone 181-19-694-2578  Title and Company Inventor  NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple lorns if more than one signature is required, see below.	Signature 1/ March 1 5 1 1 1 1								
Title and Company Inventor  NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	June, Co. Por B								
NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
<b>V</b>	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
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